

**SERIAL NUMBER**

**APPLICANT8**

ADDRESS

# TABLE

**PARTS OF AI  
FILED SEPA  
NOTICE OF A**

11-12

Amount Due: 645.00

Form PTO-435A  
(Rev. 8/92)

POSITION	ID NO.	DATE
CLASSIFIER	6	12-29-95
EXAMINER	P. Delwell	OCT 20, 1995
TYPIST	18	2-6
VERIFIER	V. Delwell	2/6/95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
1	11/8/96
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Claim	Date
Final Original	
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